



South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

Nurse Aide

Application for Faculty Changes to a Currently Approved Training Program

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period. Written approval or denial of a requested change will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing
722 Main Street, Suite 3
Spearfish, SD 57783

Name of Institution:

Address:

Phone Number:

Fax Number:

E-mail Addresses of Primary Coordinator and/or Instructor:

☒ **Request New Program Coordinator** must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)
☐ Attach curriculum vita, resume, or work history

RN LICENSE			
Name of Program Coordinator	State	Number	Expiration Date
Owen Mangrum	SD	R032347	05/29/14
Verification (Completed by SDBON)			

☒ **Request New Primary Instructor** as actual teacher of course material; must be a RN or LPN with 2 years nursing experience, at least one of which is in the provision of long-term care services. (ARSD 44:04:18:11)
☐ Attach curriculum vita, resume, or work history,
☐ Attach documentation supporting previous experience in teaching adults within the past 5 years or documentation of completing a course in the instruction of adults.

RN OR LPN LICENSE			
Name of Primary Instructor	State	Number	Expiration Date
Shuan Chaffin	SD	R032347	05/29/14
Verification (Completed by SDBON)			

☒ **Request New Supplemental Personnel** to assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12)
☐ Attach curriculum vita, resume, or work history.

LICENSURE/REGISTRATION			
Supplemental Personnel & Credentials	State	Number	Expiration Date
Carol Nelson RN	SD	R010771	02/13/15
Verification (Completed by SDBON)			

Program Coordinator Signature:

Date: 05/01/13

This section to be completed by the South Dakota Board of Nursing

Date Application Received: 5/13/13	Date Application Denied:
Date Approved: 6/4/13	Reason for Denial:
Expiration Date of Approval: April 2015	
Board Representative: SDHPRN	
Date Notice Sent to Institution: 6/4/13	

October 20, 2011